

CLAIMS ONLY							Application Number <i>10/501022</i>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
<del>1</del>										
2	1						51			
3		1					52			
4		2					53			
5	1						54			
6		1					55			
7		2					56			
8		2					57			
9		2					58			
10	1						59			
11		1					60			
12		1					61			
13		1					62			
14		2					<del>63</del>			
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16		2					65			
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18		2					67			
19		2					68			
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27		2					76			
28		1					77			
29		1					78			
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31		1					80			
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33		1					82			
34		2					83			
35		1					84			
36		1					85			
37		2					86			
38		2					87			
39		2					88			
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46		2					95			
47		2					96			
48		2					97			
49		2					98			
50		2					99			
Total Indep	3						Total Indep			
Total Depend	105						Total Depend			
Total Claims	108						Total Claims			